



Employer Contribution By Check Under  
Agreement and Election to Prefund Other Post Employment Benefits

Employer No.	Employer Name		
Employer Address			
Authorized Employer Representative Name	Title	Signature	Telephone Number
Effective date of Agreement and Election to Prefund Other Postemployment Benefits: _____/_____/_____ Month (mm) Day (dd) Year (yyyy)			
Amount of Contribution	Check Number		
Notes: _____ _____ _____ _____			

Contributions to the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Postemployment Benefits (Agreement)*.

To ask questions concerning Contributions to the Pre-funding Plan, call 1-888-225-7377, or email questions to [CORE4U@calpers.ca.gov](mailto:CORE4U@calpers.ca.gov)

**For proper crediting to your prefunding account, please complete this form and mail with your check payable to CalPERS at the following address:**

**CalPERS  
Fiscal Services Division  
PO Box 942703  
Sacramento, CA. 94229-2703**

**In addition, please email an electronic copy of this form to [FCSD-CERBT@calpers.ca.gov](mailto:FCSD-CERBT@calpers.ca.gov) to ensure timely processing of your contribution.**

For CalPERS use only

Bank Deposit Code: PEB

Deposit Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(mm/dd/yyyy)